

What's a CCOE?

Jo Ann Harris, Director, Coordinating Center of Excellence in Mental Health and Criminal Justice Jail Diversion Alternatives

This is the third article in a series about effectively dealing with mentally ill offenders in the criminal justice system. Justice Evelyn Lundberg Stratton, Supreme Court of Ohio, has had a longtime interest in developing solutions to this problem and has formed the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts. This third article, written by a member of that committee, addresses the role of the CCOE in the mental health-criminal justice interface.

The most frequent question I have been asked in the past six months is, "What's a CCOE?" The question has come from judges, lawyers, mental health professionals, probation officers, consumers, and from just plain curious folks. There is something in those initials that makes one want to know more.

CCOE is the abbreviation for Coordinating Center of Excellence. The Ohio Department of Mental Health (ODMH) approved for operation, through its grant award process, eight Coordinating Centers of Excellence dealing with a number of mental health initiatives. These initiatives range from educating families about the dynamics of mental illness to advance directives (involving mental health issues) to criminal justice. Making jail diversion one of its priorities, ODMH funded thirteen jail diversion programs around the state in early 2000. (See ODMH Jail Diversion Article).

In May, 2001, ODMH awarded the Summit County Alcohol, Drug Addiction and Mental Health Services Board (ADM) a grant to begin a CCOE for Mental Health and Criminal Justice Jail Diversion Alternatives. The CCOE is a partnership between ODMH, the Summit County ADM Board, and Northeastern Ohio Universities College of Medicine (NEOUCOM).

The primary purpose of the CCOE is to support ongoing development of criminal justice diversion systems that service persons with psychiatric disabilities who have become involved in the criminal justice system. The Center works with the Office of Forensic Services to provide technical assistance to the thirteen funded programs and to those municipalities and counties interested in developing diversion alternatives.

So what's the goal of the CCOE? We want to define what the best mental health practices may be to successfully divert the mentally ill population from criminalization to decriminalization. The next logical question is, "Why? Don't we have vehicles to deal with those problems?" You can answer that question. Take a look at a few statistics.

- In a published study by The Health Foundation of Greater Cincinnati on Mental Illness and Substance Abuse in the Criminal Justice System, 432 of every 100,000 Ohio residents were incarcerated according to 1998 prison incarceration rates. Ohio has the 13th highest rate in the nation.
- The same study reported that as of March 2000, 46,365 inmates were housed in Ohio prisons. Another 14,628 offenders were under the supervision of state parole and probation officers.
- An article in the Fall 1999 edition of the Psychiatric Rehabilitation Journal cites that between 6-15% of all people in jails have a psychiatric disability and the primary types of mental illness include schizophrenia, bipolar disorder, major depression, and personality disorders.
- The most common offenses of those with mental illness are assault, theft, robbery, shoplifting, alcohol or drug-related charges, trespassing, robbery, etc. (Robertson, Pearson, @ Gibb, 1996; Torrey et al. 1992)
- A March 2000 report by the Ohio Department of Rehabilitation and Correction indicated that there are 6,393 mentally ill inmates in the state prison system. 3,051 of those classified as mentally ill are classified as severely mentally ill.
- An estimated 5-13% of individuals confined in correctional settings have co-occurring mental health and substance abuse disorders. (National GAINS Center, 1997).
- It is difficult to obtain court-ordered treatment through Probate Court because these individuals have not committed a crime, and many of them remain untreated until they are arrested (Lamb & Weinberger, 1998).
- The Cincinnati Health Foundation study also reports that an estimated 1.6 million people in federal and state prisons and local jails, 80% of whom have violated drug or alcohol laws, are the parents of 2.4 million children.
- Even though the prison populations are rising, crime is not increasing. The Federal Bureau of Investigation Crime Index has fallen for the past eight years.

I could go on and on. The bottom line is that the prison population is now comprised of individuals who would not ordinarily be there except for the loss of state institutions in the past 35 years. The community mental health system and the criminal justice system are not equipped to handle the current situation. If we do not successfully create alternative solutions, both systems will fail.

The CCOE has set several lofty goals for itself. We serve as a laboratory, of sorts, continuing to pilot, fine tune and evaluate promising models and/or

emerging best practices in the mental health-criminal justice areas. We identify “partners” from around the state to participate in our endeavors. We serve as a resource on jail diversion developments to ADAMH Boards in Ohio. We are studying the effectiveness of the most promising and successful approaches to diversion and decriminalization of the mentally ill. We also study and consider novel approaches to pre- and post-arrest diversion programs throughout the state.

What have we done in our short existence? We have met with numerous jurisdictions that are in the initial planning stages of developing diversion programs of some type. With these groups, we supply information on what other jurisdictions are doing; give guidance and assistance and stress the importance of collaboration with the major “players”; and provide any other technical assistance we can. We have provided the Crisis Intervention Team (CIT) training classes to police officers, sheriff’s deputies, and mental health professionals. We have traveled around the state creating positive and supportive relationships with courts, mental health agencies, consumer groups, and the like, as well as utilized the resources of nationally known experts. We have encouraged communities to develop programs that are specifically designed to meet the needs of their constituents.

Additionally, the CCOE is involved in research by surveying jail diversion alternatives in the state’s public mental health system. Scheduling is also underway for cross training among the professionals in an effort to eliminate “treading the waters of the unknown” and bring a higher level of understanding between the disciplines.

The CCOE is a conduit to establishing a better system of treatment for those with psychiatric disabilities. It is a research and development team. Hopefully, with your help, it will be a vehicle for eradicating some of the ills in our criminal justice and mental health systems.

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May 2002